County of San Diego Monthly STD Report

Volume 13, Issue 5: Data through December 2020; Report released May 26, 2021.





Table 1. STDs Reported Among County of San Diego Residents, by Month ar	ιd
Previous 12 Months Combined.	

		2019 Previous 12-		2020 Previous 12-		
	Dec	Month Period*	Dec	Month Period*		
Chlamydia	1843	23109	1397	18341		
Female age 18-25	718	8413	494	6953		
Female age ≤ 17	59	836	35	650		
Male rectal chlamydia	92	1332	128	1182		
Gonorrhea	579	6399	582	6210		
Female age 18-25	107	1004	98	985		
Female age ≤ 17	8	97	10	117		
Male rectal gonorrhea	59	810	96	785		
Early Syphilis (adult total)	104	1151	116	1113		
Primary	16	164	25	178		
Secondary	36	382	34	372		
Early latent	52	605	57	563		
Congenital syphilis	2	21	2	15		
* Cumulative case count of the pr	evious 12 m	onths.				

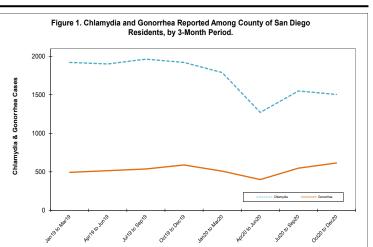
Carriada vo caso coarre o are provided 12 monare.

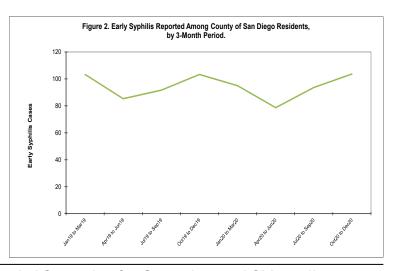
Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity. Year-to-Date.

	All R	aces*	Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia	18341	547.2	321	72.6	644	382.3	1554	142.1	1729	114.5
Gonorrhea	6210	185.3	136	30.8	637	378.1	1225	112.0	1136	75.2
Early Syphilis	1118	33.4	76	17.2	104	61.7	440	40.2	421	27.9
Under 20 yrs										
Chlamydia	3004	346.4	27	28.1	127	301.6	248	68.2	262	83.1
Gonorrhea	552	63.7	12	12.5	64	152.0	124	34.1	66	20.9
Early Syphilis	22	2.5	2	2.1	1	2.4	16	4.4	3	1.0

Note: Rates are calculated using 2019 Population Estimates; County of San Diego, Health an Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 6/2020.

Note: All data are provisional. Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.





Editorial Note: Recommendation for Extragenital Screening for Gonorrhea and Chlamydia

Extragenital (i.e., rectal and pharyngeal) gonorrhea and chlamydia are common and usually asymptomatic, and typically occur without concurrent urogenital infection [1][2]. Research has demonstrated that, when screening is limited to urine-only for men who have sex with men (MSM), up to 95% of gonorrhea and 77% of chlamydia cases will be missed [3]. Detection of these infections at all anatomic sites of infection and prompt appropriate treatment are important to prevent onward transmission. This is particularly true for gonorrhea, for which antibiotic resistance is a major concern and pharyngeal infections are more difficult to eradicate than infections at other anatomic sites.

In 2019, 1,600 and 1,869 male extragenital gonorrhea and chlamydia cases were reported in San Diego County. Of male rectal and pharyngeal gonorrhea cases reported, in San Diego County in 2019, 75% and 76%, respectively, occurred without a concurrent positive urogenital test. Of reported male rectal and pharyngeal chlamydia cases, 81% and 71% occurred without a concurrent positive urogenital test [5].

County of San Diego STD Clinics: www.STDSanDiego.org

Phone: (619) 692-8550 Fax: (619) 692-8543

STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M–F)



Provider STD Reporting: (619) 692-8520; fax (619) 692-8541 Sign up to receive Monthly STD Reports, email STD@sdcounty.ca.gov

 $^{^{\}star}$ Includes cases designated as "other," "unknown," or missing race/ethnicity

County of San Diego Monthly STD Report

Volume 13, Issue 5: Data through December 2020; Report released May 2021.

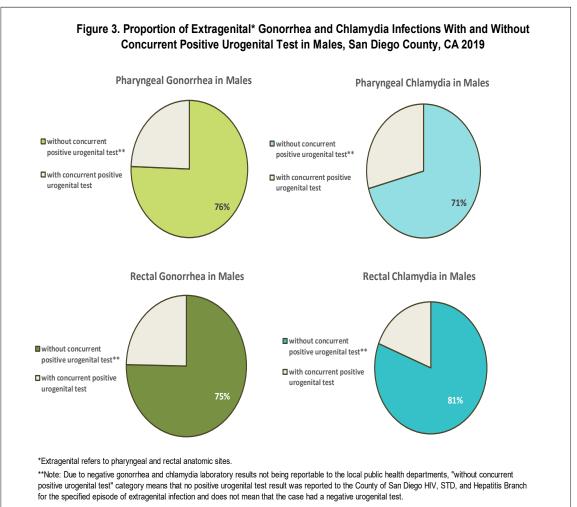




Editorial Note (Continued):

While these data are limited by the fact that negative results are not reported to the health department, and we were unable to differentiate cases with negative concurrent urogenital screening from those with no concurrent urogenital screening performed, these figures are consistent with published research and highlight the importance of extragenital screening of men who are vulnerable to acquiring these infections through rectal and/ or pharyngeal exposure.





Control and Prevention (CDC) recommends that MSM receive screening for urethral/urine and rectal gonorrhea and chlamydia and pharyngeal gonorrhea, as indicated by exposure, with nucleic acid amplification testing [6]. The California Department of Public Health (CDPH) recommends screening for gonorrhea and chlamydia at all exposed sites *at least annually* for all sexually active people living with human immunodeficiency virus (HIV), regardless of gender, and HIV-negative MSM not using HIV pre-exposure prophylaxis (PrEP), and *quarterly* for MSM using HIV PrEP [7].

For further information and resources for implementation of extragenital screening in clinical practice, please see the <u>Dear Colleague Letter</u> from CDPH issued in February 2019. For additional information about extragenital chlamydia and gonorrhea in San Diego County, please see slides 13-15 and 25-27 of the recently published <u>2019 STD Data Slide Set</u>.

County of San Diego STD Clinics: www.STDSanDiego.org

Phone: (619) 692-8550 Fax: (619) 692-8543

STD Clinical Consultation Line: (619) 609-3245 (8am-5pm, M–F)

